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STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

S.D. SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>Lake Andes Wave</u>		2. DATE <u>9/23/09</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE \$ <u>30</u> in State \$ <u>33</u> out of state
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>P.O. Box 187, Wagner, Charles Mix, SD. 57380-0187</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>P.O. Box 187, Wagner, SD. 57380-0187</u>		
6. FULL NAME OF PUBLISHER: <u>Monica Jean Wepping</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <u>Printers Inc.</u>		COMPLETE MAILING ADDRESS <u>209 S. Main P.O. Box 185, Wagner SD. 57380-0187</u>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<u>500</u>	<u>500</u>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<u>125</u>	<u>138</u>
2. Mail Subscription (Paid and or requested)	<u>229</u>	<u>205</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<u>354</u>	<u>343</u>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<u>18</u>	<u>18</u>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<u>0</u>	<u>0</u>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<u>372</u>	<u>361</u>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<u>128</u>	<u>139</u>
2. Return from News Agents	<u>0</u>	<u>0</u>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<u>500</u>	<u>500</u>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Monica Jean Wepping
(Signature)

Editor/Publisher
(Title)

State of South Dakota)

County of Charles Mix)

(Seal)

Sworn to before me this 29th day of September 2009

Laurel K
Notary Public

My commission expires: 9-13-12



UNITED STATES
POSTAL SERVICE®

Statement of Ownership, Management, and Circulation
(All Periodicals Publications Except Requester Publications)

1. Publication Title <u>Lake Andes Wave</u>	2. Publication Number <u>301-640</u>	3. Filing Date <u>9/29/09</u>
4. Issue Frequency <u>Weekly</u>	5. Number of Issues Published Annually <u>52</u>	6. Annual Subscription Price <u>\$80 In State</u> <u>\$33 out of State</u>
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) <u>P.O. Box 187, Wagner, Charles Mix, SD. 57380-0187</u>		Contact Person <u>Monica Wepking</u> Telephone (Include area code) <u>(605) 384-5616</u>
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer) <u>P.O. Box 187, Wagner, SD. 57380-0187</u>		

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)	
Publisher (Name and complete mailing address) <u>Monica Wepking</u> <u>P.O. Box 187, Wagner, SD. 57380-0187</u>	
Editor (Name and complete mailing address) <u>Monica Wepking</u> <u>P.O. Box 187, Wagner, SD. 57380-0187</u>	
Managing Editor (Name and complete mailing address) <u>Monica Wepking</u> <u>P.O. Box 187, Wagner, SD. 57380-0187</u>	

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
<u>Printers, Inc., Craig & Mary Steensland</u>	<u>P.O. Box 187, Wagner, SD 57380-0187</u>

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box ☒ None

Full Name	Complete Mailing Address

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
☐ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

13. Publication Title Lake Andes Wave		14. Issue Date for Circulation Data Below 9/23/09	
15. Extent and Nature of Circulation News		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)		500	500
b. Paid Circulation (By Mail and Outside the Mail)	(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	110	100
	(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	119	105
	(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	125	138
	(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail®)	0	0
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))		354	343
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1) Free or Nominal Rate Outside-County Copies included on PS Form 3541	11	11
	(2) Free or Nominal Rate In-County Copies Included on PS Form 3541	7	7
	(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)	0	0
	(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	0	0
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))		18	18
f. Total Distribution (Sum of 15c and 15e) ▶		372	361
g. Copies not Distributed (See Instructions to Publishers #4 (page #3)) ▶		128	139
h. Total (Sum of 15f and g) ▶		500	500
i. Percent Paid (15c divided by 15f times 100) ▶		95.2%	95%

16. Publication of Statement of Ownership

☒ If the publication is a general publication, publication of this statement is required. Will be printed in the **10-7-09** issue of this publication.

☐ Publication not required.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner

Donald W. King, Editor/Publisher

Date

9/29/09

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).